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FACSIMILE TRANSMITTAL SHEET

TO:

ATTN:

Commissioner for Patents

FROM:

James R. Stevenson, Reg. No. 38,755

COMPANY:

MEDRAD, Inc.

FAX NUMBER:

571-273-8300

PHONE NUMBER:

DATE:

NOVEMBER 6, 2006

TOTAL NO. OF PAGES INCLUDING COVER:

16

SENDER'S REFERENCE NUMBER:

RE:

US Patent Application 10/622,242

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

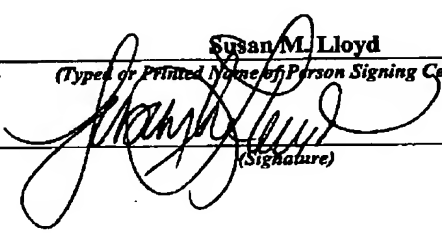
NOTES/COMMENTS:

AMENDMENT and PETITION FOR 2-MONTH EXTENSION OF TIME FOR THE
ABOVE-REFERENCED PATENT APPLICATION.

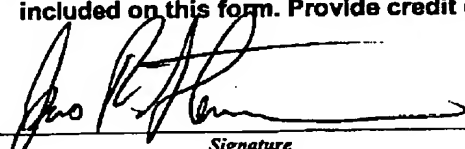
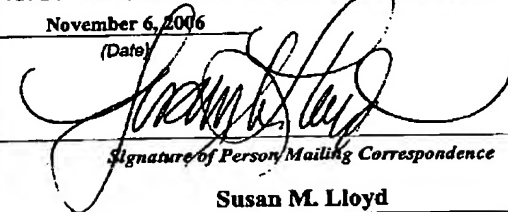
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One Medrad Drive
Indianola, PA 15051-0780
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NOV 06 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Michael Frazier			VI/99-024.D
Application No. 10/622,242	Filing Date July 18, 2003	Examiner Kish, James M.	Group Art Unit 3737
Invention: COMMUNICATION SYSTEMS FOR USE WITH MAGNETIC RESONANCE IMAGING SYSTEMS			
<p>I hereby certify that this <u>Amendment and Petition for Extension of Time</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>November 6, 2006</u> (Date)</p> <p><u>Susan M. Lloyd</u> (Typed or Printed Name of Person Signing Certificate)</p> <p> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. VI/99-024.D	
Applicant(s): Michael Frazier						
Application No. 10/622,242	Filing Date July 18, 2003	Examiner Klsh, James M.	Customer No. 21140	Group Art Unit 3737	Confirmation No. 3127	
Invention: COMMUNICATION SYSTEMS FOR USE WITH MAGNETIC RESONANCE IMAGING SYSTEMS						
COMMISSIONER FOR PATENTS:						RECEIVED CENTRAL FAX CENTER NOV 06 2006
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	18 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-2530 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: November 6, 2006			
James R. Stevenson, Reg. No. 38,755 MEDRAD, Inc. One Medrad Drive Indianola, PA 15051			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on November 6, 2006 (Date)  Signature of Person Mailing Correspondence Susan M. Lloyd Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

P11LARGE/REV09